

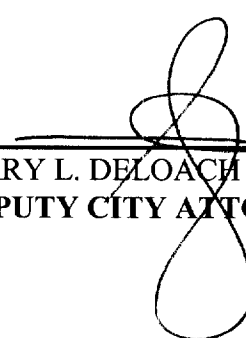
Entered - 08-7-09 sb
CL 08L0564 - GWENDOLYN BURNS

CLAIM OF: **THE HARTFORD**
AS SUBROGEE OF
DOROTHY MOORE
P.O. BOX 958456
Lake Mary, FL 32795

10- R -0385

For bodily injuries alleged to have been sustained due to a
fall on February 17, 2009 at 77 Forsyth Street.

MAR 01 2010

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

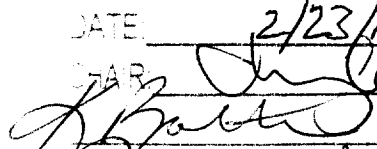
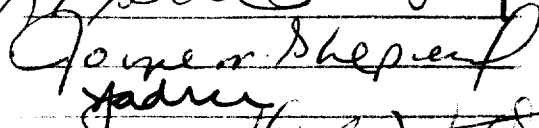
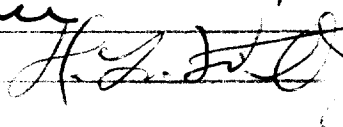
ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 2/23/10

CHAR:

ADVERSE BY
CITY COUNCIL



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON
MUNICIPAL CLERK

March 10, 2010

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6030
FAX (404) 658-6273

The Hartford
P.O. Box 958456
Lake Mary, Florida, 32795

10-R-0385

RE: Subrogee of Dorothy Moore

Dear Sir/ Madam

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on February 15, 2010. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0564

Date: January 29, 2010

Claimant /Victim DOROTHY MOORE
BY: (Atty) (Ins. Co.) THE HARTFORD INSURANCE COMPANY
Address: P.O. Box 958459, Lake Mary, FL 32795
Subrogation: X Claim for Property damage \$ Bodily Injury \$ unspecified
Date of Notice: 8/6/09 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/17/09 Place: 77 Forsyth Street, SW
Department Bureau: Office:
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that she sustained bodily injuries when she tripped and fell on a sidewalk that was under construction. However, an investigation has determined that the City was not engaged in any sidewalk construction at the subject location. The claimant has been advised to pursue her claim against the property owner, the U.S. State Department.


INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures X Diagrams Reports: Police Dept Report X Other X
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

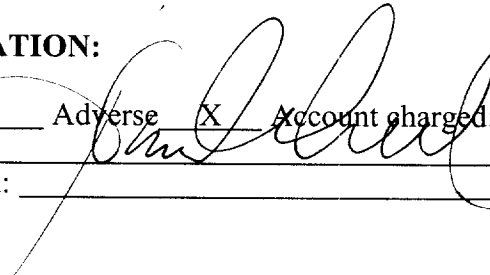
BASIS OF RECOMMENDATION:

Function: Governmental Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved X Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: General Fund Water & Sewer Aviation
Claims Manager:  Concur/date 6/21/10
Committee Action: Council Action

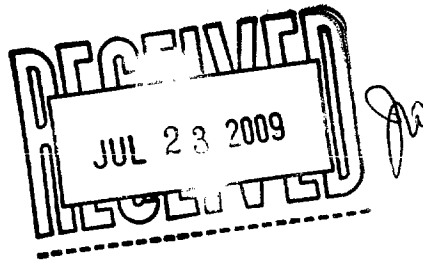


10-R -0385

BURNS
08/06/09
R

July 15, 2009

City Of Atlanta
675 Ponce De Leon Avenue Ne
Atlanta, Ga 30308



ENTERED - 8-7-09 - SB
09L0564 - G. BURNS

RE: Employer: People Processing & Information Inc.
Employee: Dorothy A. Moore
Claim No: YKY71813C
Date of Loss: 2/17/2009

Dear City Of Atlanta,

The above named worker has established a claim for Workers' Compensation Benefits with The Hartford for injuries sustained in connection with the above.

A review of our file indicates that you may responsible for the injuries sustained by the worker when she fell in a sidewalk you were having repaired.

If you are protected by liability insurance, please refer this letter to your insurance carrier and provide me with the carrier's name and address.

The Hartford, as the paying agency, has a lien on the third-party cause of action, and any purported settlement of the same, without The Hartford's written approval, is void pursuant to ORS 656.587.

Your cooperation and prompt response regarding this information is much appreciated.

Sincerely,

Gabriel Sanchez
Claims Professional
P O Box 958459
Lake Mary, FL 32795
Direct Dial:
Toll Free: (877) 673-9222
Facsimile:

		03-01-10
ITEMS ADOPTED ON CONSENT	ITEMS ADOPTED ON CONSENT	ITEMS ADVERSED ON CONSENT
1. 10-O-0275	36. 10-R-0350	42. 10-R-0356
2. 10-O-0276	37. 10-R-0351	43. 10-R-0357
3. 10-O-0277	38. 10-R-0352	44. 10-R-0358
4. 10-O-0278	39. 10-R-0353	45. 10-R-0359
5. 10-O-0279	40. 10-R-0354	46. 10-R-0360
6. 10-O-0289	41. 10-R-0355	47. 10-R-0361
7. 10-O-0290		48. 10-R-0362
8. 10-O-0291		49. 10-R-0363
9. 10-O-0292		50. 10-R-0364
10. 10-O-0293		51. 10-R-0365
11. 10-O-0294		52. 10-R-0366
12. 10-O-0296		53. 10-R-0367
13. 10-O-0241		54. 10-R-0368
14. 10-O-0307		55. 10-R-0369
15. 10-R-0334		56. 10-R-0370
16. 10-R-0335		57. 10-R-0371
17. 10-R-0390		58. 10-R-0372
19. 10-R-0395		59. 10-R-0373
20. 10-R-0407		60. 10-R-0374
21. 10-R-0411		61. 10-R-0375
22. 10-R-0394		62. 10-R-0376
23. 10-R-0396		63. 10-R-0377
24. 10-R-0338		64. 10-R-0378
25. 10-R-0339		65. 10-R-0379
26. 10-R-0340		66. 10-R-0380
27. 10-R-0341		67. 10-R-0381
28. 10-R-0342		68. 10-R-0382
29. 10-R-0343		69. 10-R-0383
30. 10-R-0344		70. 10-R-0384
31. 10-R-0345		71. 10-R-0385
32. 10-R-0346		
33. 10-R-0347		
34. 10-R-0348		
35. 10-R-0349		